

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582068

FILING DATE

APPLICANT(S)

*Art 34 Amdt* CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28	1		1			
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						